

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

07

20

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		240493.94
(b) Cash on Hand at Beginning of Reporting Period .....	295689.75	
(c) Total Receipts (from Line 19) .....	140000.00	486450.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	435689.75	726943.94
7. Total Disbursements (from Line 31) .....	133392.23	424646.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	302297.52	302297.52
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M M D D Y Y W Y  
0 6 0 1 2 0 0 7

To:

M M D D Y Y W Y  
0 6 3 0 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10000.00	33950.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	10000.00	33950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	130000.00	442500.00
(c) Other Political Committees (such as PACs) .....	140000.00	476450.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	140000.00	486450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	140000.00	486450.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		34846.03	169087.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		34846.03	169087.35
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		98546.20	255359.07
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	200.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		133392.23	424646.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		133392.23	424646.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	140000.00	476450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	140000.00	476450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	34846.03	169087.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	34846.03	169087.35

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 46

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Abbott Laboratories PAC

Mailing Address 1399 New York Ave NW  
Suite 200

City State Zip Code  
Washington DC 20005-4732

FEC ID number of contributing  
federal political committee.

**C** C00040279

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 7

Transaction ID: 70711.C547

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** Aetna PAC

Mailing Address 1331 F St NW  
Suite 450

City State Zip Code  
Washington DC 20004-1133

FEC ID number of contributing  
federal political committee.

**C** C00181826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C575

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** Americas Health Insurance Plans PAC

Mailing Address 601 Pennsylvania Ave NW Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C** C00106740

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C564

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** American College of Radiology PAC

Mailing Address 1891 Preston White Dr

City	State	Zip Code
Reston	VA	20191-4375

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	7

Transaction ID: 70619.C543

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** American Dental PACMailing Address 1111 14th St NW  
Suite 1100

City	State	Zip Code
Washington	DC	20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	7

Transaction ID: 70619.C542

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** ASHA PAC

Mailing Address 10801 Rockville Pike

City	State	Zip Code
Rockville	MD	20852-3226

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	7

Transaction ID: 70711.C580

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)

Blue Cross Blue Shield PAC

Mailing Address 1310 G St NW

City State Zip Code  
 Washington DC 20005-3000

FEC ID number of contributing  
federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 2 / 2 0 0 7

Transaction ID: 70711.C546

Amount of Each Receipt this Period

2500.00

Receipt

B. Full Name (Last, First, Middle Initial)

Boston Scientific Corp PAC

Mailing Address 1 Boston Scientific Pl

City State Zip Code  
 Natick MA 01760-1536

FEC ID number of contributing  
federal political committee. **C** C00357863

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 70619.C541

Amount of Each Receipt this Period

1000.00

Receipt

C. Full Name (Last, First, Middle Initial)

California Dairies PAC

Mailing Address PO Box 2198

City State Zip Code  
 Los Banos CA 93635-2198

FEC ID number of contributing  
federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C561

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Calpine Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 1401 H St NW Suite 510		Transaction ID: 70711.C560
City Washington	State DC	Amount of Each Receipt this Period 1500.00
Zip Code 20005-2024		Receipt
FEC ID number of contributing federal political committee. <b>C</b> C00362640		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Caremark RX PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1300 I St NW Suite 525		Transaction ID: 70711.C550
City Washington	State DC	Amount of Each Receipt this Period 2000.00
Zip Code 20005-3336		Receipt
FEC ID number of contributing federal political committee. <b>C</b> C00384818		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) CME PAC Chicago Mercantile Exchange		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 701 Pennsylvania Avenue, NW Plaza Suite 101		Transaction ID: 70619.C536
City Washington	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20004		Receipt
FEC ID number of contributing federal political committee. <b>C</b> C00076299		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Avenue, NW  
South Building, Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 70619.C537

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
DaimlerChrysler PAC

Mailing Address 1401 H St NW Ste 700  
Suite 700

City State Zip Code  
Washington DC 20005-2039

FEC ID number of contributing  
federal political committee. **C** C00043687

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 7

Transaction ID: 70711.C551

Amount of Each Receipt this Period

2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
DLA Piper PAC

Mailing Address 1200 19th St NW

City State Zip Code  
Washington DC 20036-2402

FEC ID number of contributing  
federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 7

Transaction ID: 70618.C535

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Dominion PAC Mailing Address PO Box 26666 City Richmond State VA Zip Code 23261-6666 FEC ID number of contributing federal political committee. <b>C</b> C00108209 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 70711.C565 Amount of Each Receipt this Period 2000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) Duke Energy Corporation PAC Mailing Address 422 South Church Street, PB05D City Charlotte State NC Zip Code 28202 FEC ID number of contributing federal political committee. <b>C</b> C00083535 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 70711.C577 Amount of Each Receipt this Period 2500.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Electric Power Supply Assoc PAC Mailing Address 1401 New York Ave NW FI 11 City Washington State DC Zip Code 20005-2102 FEC ID number of contributing federal political committee. <b>C</b> C00326009 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 70711.C568 Amount of Each Receipt this Period 1500.00 Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)  
Ford Motor Company Civic Action Fund

Mailing Address The American Road

City State Zip Code  
Dearborn MI 48121

FEC ID number of contributing  
federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C559

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
General Motors Corporation PAC

Mailing Address 25 Massachusetts Ave NW Ste 400

City State Zip Code  
Washington DC 20001-1431

FEC ID number of contributing  
federal political committee. **C** C00076810

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C555

Amount of Each Receipt this Period

5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Genworth Financial Inc. PAC

Mailing Address 701 13th St NW  
Suite 710

City State Zip Code  
Washington DC 20005-3967

FEC ID number of contributing  
federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C574

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Johnson & Johnson PAC

Mailing Address 1 Johnson And Johnson Plz

City State Zip Code  
 New Brunswick NJ 08933-0001

FEC ID number of contributing  
federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 7

Transaction ID: 70618.C532

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** Kelley Drye Collier Shannon, PAC

Mailing Address 3050 K St NW Ste 400

City State Zip Code  
 Washington DC 20007-5100

FEC ID number of contributing  
federal political committee. **C** C00301929

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C579

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** Kochpac

Mailing Address 655 15th St NW  
 Suite 445

City State Zip Code  
 Washington DC 20005-5727

FEC ID number of contributing  
federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C557

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)  
KPMG PAC  
Mailing Address 2001 M St NW Ste 9000

City State Zip Code  
Washington DC 20036-3345

FEC ID number of contributing  
federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C554

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Manufactured Housing Institute PAC  
Mailing Address 2101 Wilson Blvd  
Suite 610

City State Zip Code  
Arlington VA 22201-3040

FEC ID number of contributing  
federal political committee. **C** C00043463

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C581

Amount of Each Receipt this Period

1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Manufactured Housing Institute PAC  
Mailing Address 2101 Wilson Blvd  
Suite 610

City State Zip Code  
Arlington VA 22201-3040

FEC ID number of contributing  
federal political committee. **C** C00043463

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C556

Amount of Each Receipt this Period

1500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Merck PAC Mailing Address 601 Pennsylvania Ave NW North Building #1200 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> C00097485 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 70618.C531 Amount of Each Receipt this Period 2500.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) Merck PAC Mailing Address 601 Pennsylvania Ave NW North Building #1200 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> C00097485 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 70711.C572 Amount of Each Receipt this Period 2500.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Mirant Corporation PAC Mailing Address 1155 Perimeter Ctr W Fl 10 10th Floor City Atlanta State GA Zip Code 30338-5463 FEC ID number of contributing federal political committee. <b>C</b> C00365007 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 70711.C570 Amount of Each Receipt this Period 2500.00 Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)

National Assoc of Health Underwriters

Mailing Address 2000 14th St N

City State Zip Code  
 Arlington VA 22201-2573

FEC ID number of contributing  
federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 2 / 2 0 0 7

Transaction ID: 70711.C545

Amount of Each Receipt this Period

2500.00

Receipt

B. Full Name (Last, First, Middle Initial)

National Automobile Dealers Association

Mailing Address 412 First St., NE

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C563

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)

National Emergency Medicine PAC

Mailing Address 2121 K St NW  
 Suite 325

City State Zip Code  
 Washington DC 20037-1886

FEC ID number of contributing  
federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 1 / 2 0 0 7

Transaction ID: 70618.C533

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

National Propane Gas Association PAC

Mailing Address 1150 17th St NW  
Suite 310City State Zip Code  
Washington DC 20036-4623FEC ID number of contributing  
federal political committee.**C** C00079681

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C562

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Natl Assoc of Convenience Stores PAC

Mailing Address 1600 Duke St

City State Zip Code  
Alexandria VA 22314-3466FEC ID number of contributing  
federal political committee.**C** C00126763

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C567

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Nuclear Engery Institute PAC

Mailing Address 1776 I St NW  
4th FloorCity State Zip Code  
Washington DC 20006-3710FEC ID number of contributing  
federal political committee.**C** C00239848

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C566

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Pepsico Concerned Citizens Fund Mailing Address 700 Anderson Hill Rd City State Zip Code Purchase NY 10577-1401 FEC ID number of contributing federal political committee. <b>C</b> C00039321 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> 70711.C553 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	7	5000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		3	0		2	0	0	7																							
5000.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) Pfizer PAC Mailing Address 325 7th St NW Suite 1200 City State Zip Code Washington DC 20004-2820 FEC ID number of contributing federal political committee. <b>C</b> C00016683 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> 70619.C538 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	7	2500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		1	9		2	0	0	7																							
2500.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) Pinnacle West PAC Mailing Address 400 N 5th St City State Zip Code Phoenix AZ 85004-3902 FEC ID number of contributing federal political committee. <b>C</b> C00015933 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID:</b> 70711.C571 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	7	2500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		3	0		2	0	0	7																							
2500.00																																

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Power PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 701 Pennsylvania Ave NW		<b>Transaction ID:</b> 70711.C558
City Washington	State DC	Zip Code 20004-2608
FEC ID number of contributing federal political committee. <b>C</b> C00095869		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Realtors PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 500 New Jersey Ave NW		<b>Transaction ID:</b> 70618.C534
City Washington	State DC	Zip Code 20001-2005
FEC ID number of contributing federal political committee. <b>C</b> C00030718		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Seniors Housing PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 5100 Wisconsin Ave NW Ste 307		<b>Transaction ID:</b> 70711.C552
City Washington	State DC	Zip Code 20016-4130
FEC ID number of contributing federal political committee. <b>C</b> C00325332		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 46

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)

Society of Independent Gasoline PAC

Mailing Address 3050 K St NW  
Suite 400

City State Zip Code  
Washington DC 20007-5100

FEC ID number of contributing  
federal political committee.

**C** C00120030

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C576

Amount of Each Receipt this Period

2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

United Health Group PAC

Mailing Address 701 Pennsylvania Ave NW  
Suite 530

City State Zip Code  
Washington DC 20004-2641

FEC ID number of contributing  
federal political committee.

**C** C00400135

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 7

Transaction ID: 70711.C544

Amount of Each Receipt this Period

2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

Valero PAC

Mailing Address 601 Pennsylvania Ave NW  
Suite 900 South Building

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C** C00109546

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C569

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

WellPAC

Mailing Address 120 Monument Cir

City

Indianapolis

State

IN

Zip Code

46204-4906

FEC ID number of contributing  
federal political committee.

**C** C00197228

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

Transaction ID: 70711.C573

Amount of Each Receipt this Period

1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

130000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Isakowitz Mailing Address 600 New Hampshire Ave NW Suite 1000 City Washington State DC Zip Code 20037-2401 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Fierce Isakowitz & Blalock Occupation Principal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 06 / 30 / 2007 <b>Transaction ID:</b> 70711.C578 Amount of Each Receipt this Period 1000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) John Morris Mailing Address 2500 E Kearney St City Springfield State MO Zip Code 65803-5048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Bass Pro Shops Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt MM / DD / YYYY 06 / 19 / 2007 <b>Transaction ID:</b> 70619.C540 Amount of Each Receipt this Period 5000.00 Earmarked(Receipt)
<b>C.</b> Full Name (Last, First, Middle Initial) Direct Voice PAC Mailing Address 1111 19th St NW Ste 1100 S City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt MM / DD / YYYY 06 / 19 / 2007 <b>Transaction ID:</b> CM5170619.C540 Amount of Each Receipt this Period 5000.00 Memo - Conduit memo total <b>[MEMO ITEM]</b> Earmarked Memo - Conduit total
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.** Full Name (Last, First, Middle Initial)  
Edward Watkins  
Mailing Address 55 Hayden Ave Ste 3200

City State Zip Code  
Lexington MA 02421-7969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 7

Transaction ID: 70711.C548

Amount of Each Receipt this Period

2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Karen Watkins  
Mailing Address 55 Hayden Ave Ste 3200

City State Zip Code  
Lexington MA 02421-7969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 7

Transaction ID: 70711.C549

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A. Comcast</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 3005 City Southeastern State PA Zip Code 19398-3005 Purpose of Disbursement PAC INTERNET EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70618.E908</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 46.42 PAC INTERNET EXPENSE
<b>B. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70618.E909</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 87.37 PAC SHIPPING EXPENSE
<b>C. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70619.E915</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 10.43 PAC SHIPPING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

144.22

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC SHIPPING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70711.E937</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 37.46 Category/Type PAC SHIPPING EXPENSE
<b>B. Visa</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70618.E903</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 440.27 Category/Type CREDIT CARD CHARGES: SEE BELOW
<b>C. Bistro Bis</b> Full Name (Last, First, Middle Initial) Mailing Address 15 E St NW City Washington State DC Zip Code 20001-1501 Purpose of Disbursement PAC LUNCH EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70618.E906</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 27.87 Category/Type <b>[MEMO ITEM]</b> MEMO: PAC LUNCH EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

477.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A. Visa</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70618.E887</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 5333.69 CREDIT CARD CHARGES: SEE BELOW
<b>B. Ruths Chris Steakhouse</b> Full Name (Last, First, Middle Initial) Mailing Address 1801 Connecticut Ave NW City Washington State DC Zip Code 20009-5700 Purpose of Disbursement PAC EVENT CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70618.E888</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 4622.00 <b>[MEMO ITEM]</b> MEMO: PAC EVENT CATERING
<b>C. Sonoma</b> Full Name (Last, First, Middle Initial) Mailing Address 223 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1107 Purpose of Disbursement PAC FUNDRAISING LUNCH Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70618.E893</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 72.95 <b>[MEMO ITEM]</b> MEMO: PAC FUNDRAISING LUNCH

**SUBTOTAL** of Disbursements This Page (optional) .....

5333.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Poste Brasserie Restaurant**

Mailing Address 555 8th Street, NW

City  
Washington

State  
DC

Zip Code  
20004-

Purpose of Disbursement  
PAC FUNDRAISING LUNCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E892

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

109.10

### **[MEMO ITEM]**

MEMO: PAC FUNDRAISING LUNCH

Full Name (Last, First, Middle Initial)

## **B. Mk Catering**

Mailing Address 5724 Lafayette Pl

City  
Hyattsville

State  
MD

Zip Code  
20781-2353

Purpose of Disbursement  
PAC EVENT CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E889

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

442.75

### **[MEMO ITEM]**

MEMO: PAC EVENT CATERING

Full Name (Last, First, Middle Initial)

## **C. Visa**

Mailing Address PO Box 77042

City  
Madison

State  
WI

Zip Code  
53707-1042

Purpose of Disbursement  
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E894

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

2323.75

CREDIT CARD CHARGES: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

2323.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Washington Courier**

Mailing Address 5520 Cherokee Ave  
Suite 120

City Alexandria State VA Zip Code 22312-2319

Purpose of Disbursement  
PAC COURIER EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E895

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

22.32

**[MEMO ITEM]**

MEMO: PAC COURIER EXPENSE

Full Name (Last, First, Middle Initial)

## **B. SCI\*Stamps.com**

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement  
PAC POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E900

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

15.99

**[MEMO ITEM]**

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

## **C. Bistro Bis**

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1501

Purpose of Disbursement  
PAC FUNDRAISING CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E899

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

569.80

**[MEMO ITEM]**

MEMO: PAC FUNDRAISING CAT-  
ERING

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Charlie Palmer Steakhouse

Mailing Address 101 Constitution Ave NW

City Washington State DC Zip Code 20001-2133

Purpose of Disbursement  
PAC FUNDRAISING CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E897

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

554.40

**[MEMO ITEM]**

MEMO: PAC FUNDRAISING CAT-  
ERING

Full Name (Last, First, Middle Initial)

**B.** Cheeca Lodge

Mailing Address 81801 Overseas Highway

City Islamorada State FL Zip Code 33036-

Purpose of Disbursement  
PAC LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E898

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

467.19

**[MEMO ITEM]**

MEMO: PAC LODGING

Full Name (Last, First, Middle Initial)

**C.** Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70711.E947

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

1596.02

CREDIT CARD CHARGES: SEE  
BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

1596.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 46

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** SCI\*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement  
PAC POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70711.E949

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

15.99

**[MEMO ITEM]**

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

**B.** Bistro Bis

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1501

Purpose of Disbursement  
PAC FUNDRAISING LUNCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70711.E951

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

669.25

**[MEMO ITEM]**

MEMO: PAC FUNDRAISING LUN-  
CH

Full Name (Last, First, Middle Initial)

**C.** Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70711.E957

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

6677.71

CREDIT CARD CHARGES: SEE  
BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

6677.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
PAC AIRFARE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70719.E969

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

589.90

## **[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

Full Name (Last, First, Middle Initial)

## **B. Sonoma**

Mailing Address 223 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC FUNDRAISING LUNCH

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70719.E966

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

61.70

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING LUN-  
CH

Full Name (Last, First, Middle Initial)

## **C. Agent Fee**

Mailing Address 3424 S National Ave

City Springfield State MO Zip Code 65807-7307

Purpose of Disbursement  
PAC AIRFARE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70719.E964

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

125.00

## **[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. United Airlines**

Mailing Address 1200 E Algonquin Rd

City  
Arlington Heights

State  
IL

Zip Code  
60005-4712

Purpose of Disbursement  
PAC AIRFARE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70719.E965

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

414.40

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

Full Name (Last, First, Middle Initial)

## **B. American Air**

Mailing Address 4255 Amon Carter Blvd # 2400

City  
Fort Worth

State  
TX

Zip Code  
76155-2603

Purpose of Disbursement  
PAC AIRFARE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70719.E962

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

1463.80

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

Full Name (Last, First, Middle Initial)

## **C. Delta Airlines**

Mailing Address 1030 Delta Blvd

City  
Atlanta

State  
GA

Zip Code  
30354-1989

Purpose of Disbursement  
PAC AIRFARE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70719.E967

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

709.40

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

## **A. Northwest Airlines**

Mailing Address 5101 Northwest Drive

City  
Saint Paul

State  
MN

Zip Code  
55121-

Purpose of Disbursement  
PAC AIRFARE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70719.E968

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1564.61

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

Full Name (Last, First, Middle Initial)

## **B. Visa**

Mailing Address PO Box 77042

City  
Madison

State  
WI

Zip Code  
53707-1042

Purpose of Disbursement  
SEE BELOW: NO ITEMIZATION NECESSARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70711.E954

Date of Disbursement

/   /

Amount of Each Disbursement this Period

220.73

SEE BELOW: NO ITEMIZATION  
NECESSARY

Full Name (Last, First, Middle Initial)

## **C. GMD Technologies**

Mailing Address 3210 S 28th St  
Apt 302

City  
Alexandria

State  
VA

Zip Code  
22302-1326

Purpose of Disbursement  
PAC TECHNOLOGY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70711.E938

Date of Disbursement

/   /

Amount of Each Disbursement this Period

624.80

PAC TECHNOLOGY SERVICES

**SUBTOTAL** of Disbursements This Page (optional) .....

845.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Thompson Communications

Mailing Address P.O. Box 5

City  
Marshfield

State  
MO

Zip Code  
65706-0005

Purpose of Disbursement  
PAC STAFFING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70618.E910

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11226.71

PAC STAFFING SERVICES

Full Name (Last, First, Middle Initial)

**B.** Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1164

Purpose of Disbursement  
PAC SOFTWARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70618.E885

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

PAC SOFTWARE

Full Name (Last, First, Middle Initial)

**C.** Roy Blunt

Mailing Address PO Box 50100

City  
Springfield

State  
MO

Zip Code  
65805-0100

Purpose of Disbursement  
PAC TRAVEL REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70711.E940

Date of Disbursement

/   /

Amount of Each Disbursement this Period

93.68

PAC TRAVEL REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

13320.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Jay Perron

Mailing Address 1441 Constitution Ave NE

City Washington State DC Zip Code 20002-6421

Purpose of Disbursement  
PAC TRANSPORTATION EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E886

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

123.12

PAC TRANSPORTATION EXPENSE

Full Name (Last, First, Middle Initial)

**B.** Jay Perron

Mailing Address 1441 Constitution Ave NE

City Washington State DC Zip Code 20002-6421

Purpose of Disbursement  
PAC CAB EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70711.E936

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

147.00

PAC CAB EXPENSE

Full Name (Last, First, Middle Initial)

**C.** Professional Data Services, Inc.

Mailing Address 337 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605-1083

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E907

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

1500.00

COMPLIANCE CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) .....

1770.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC TELEPHONES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70618.E911

Date of Disbursement

/   /

Amount of Each Disbursement this Period

117.31

PAC TELEPHONES

Full Name (Last, First, Middle Initial)

**B.** Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC OFFICE RENT AND FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70711.E939

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2239.56

PAC OFFICE RENT AND FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

2356.87

**TOTAL** This Period (last page this line number only) .....

34846.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Thelma Drake for Congress

Mailing Address 4772 Euclid Rd Ste F

City  
Virginia BeachState  
VAZip Code  
23462-3800Purpose of Disbursement  
PAC CONTRIBUTIONCandidate Name  
THELMA D. DRAKECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: 70620.E933

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	7

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Friends of Mike Ferguson

Mailing Address PO Box 225

City  
ColoniaState  
NJZip Code  
07067-0225Purpose of Disbursement  
PAC CONTRIBUTIONCandidate Name  
MIKE FERGUSONCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: 70620.E930

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	7

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** US Airways

Mailing Address 4000 E Sky Harbor Blvd

City  
PhoenixState  
AZZip Code  
85034-3802Purpose of Disbursement  
In-Kind Cont. to Fed. Comm.Candidate Name  
JAMES T WALSH002  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 70718.E961

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	7

Amount of Each Disbursement this Period

553.80

**[MEMO ITEM]**MEMO: IN-KIND CONT. TO FE-  
D. COMM.

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Kuhl for Congress		<b>Transaction ID:</b> 70620.E924 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2007</div> </div>
Mailing Address PO Box 329		Amount of Each Disbursement this Period <div>5000.00</div>
City Bath State NY Zip Code 14810-0329		
Purpose of Disbursement PAC CONTRIBUTION	<div>Category/Type</div>	
Candidate Name JOHN R JR KUHL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC CONTRIBUTION
<b>B.</b> Full Name (Last, First, Middle Initial) Kuhl for Congress		<b>Transaction ID:</b> 70620.E925 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2007</div> </div>
Mailing Address PO Box 329		Amount of Each Disbursement this Period <div>5000.00</div>
City Bath State NY Zip Code 14810-0329		
Purpose of Disbursement PAC CONTRIBUTION	<div>Category/Type</div>	
Candidate Name JOHN R JR KUHL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC CONTRIBUTION
<b>C.</b> Full Name (Last, First, Middle Initial) American Air		<b>Transaction ID:</b> 70719.E963 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2007</div> </div>
Mailing Address 4255 Amon Carter Blvd # 2400		Amount of Each Disbursement this Period <div>1693.80</div>
City Fort Worth State TX Zip Code 76155-2603		
Purpose of Disbursement In-Kind Airfare-KITPAC	<div>002</div> <div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: IN-KIND AIRFARE-KIT-PAC

**SUBTOTAL** of Disbursements This Page (optional) .....

**10000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Marriott

Mailing Address 1 Marriott Dr

City  
Washington

State  
DC

Zip Code  
20058-0001

Purpose of Disbursement  
In-Kind Cont. to Fed. Comm.

Candidate Name  
MIKE TURNER

002  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 03

Transaction ID: 70618.E896

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

101.69

**[MEMO ITEM]**

MEMO: IN-KIND CONT. TO FE-D. COMM.

Full Name (Last, First, Middle Initial)

**B.** Kirk for Congress

Mailing Address PO Box 8

City  
Winnetka

State  
IL

Zip Code  
60093-0008

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
MARK STEVEN KIRK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 70620.E931

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Schmidt for Congress

Mailing Address 771 Wards Corner Rd

City  
Loveland

State  
OH

Zip Code  
45140-9049

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
JEANNETTE H SCHMIDT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 02

Transaction ID: 70711.E945

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

3500.00

PAC CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Sam Graves for Congress

Mailing Address 2345 Grand Blvd Ste 2400

City Kansas City State MO Zip Code 64108-2642

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
SAMUEL B (SAM) GRAVES

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 06

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 70620.E916

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Cheeca Lodge

Mailing Address 81801 Overseas Highway

City Islamorada State FL Zip Code 33036-

Purpose of Disbursement  
In-Kind Lodging KITPAC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

002  
Category/  
Type

Transaction ID: 70711.E948

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

632.40

[MEMO ITEM]

MEMO: IN-KIND LODGING KIT-PAC

Full Name (Last, First, Middle Initial)

**C.** Shelley Moore Capito for Congress

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339-1519

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
SHELLEY MOORE CAPITO

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WV District: 02

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 70711.E946

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Vern Buchanan

Mailing Address PO Box 48928

City  
Sarasota

State  
FL

Zip Code  
34230-5928

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
VERNON BUCHANAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: 70711.E943

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Vern Buchanan

Mailing Address PO Box 48928

City  
Sarasota

State  
FL

Zip Code  
34230-5928

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
VERNON BUCHANAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: 70711.E942

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3100.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Dan Burton for Congress Committee

Mailing Address P.O. Box 50593

City  
Varina

State  
IA

Zip Code  
50593-

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
DANNY L BURTON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 05

Transaction ID: 70620.E917

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

13100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Dent		<b>Transaction ID:</b> 70620.E920 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2007</div> </div>	
Mailing Address PO Box 442			
City Allentown	State PA	Zip Code 18105-0442	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement PAC CONTRIBUTION		<div></div>	
Candidate Name CHARLES W DENT		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAC CONTRIBUTION
State: PA District: 15			
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Dent		<b>Transaction ID:</b> 70620.E921 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2007</div> </div>	
Mailing Address PO Box 442			
City Allentown	State PA	Zip Code 18105-0442	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement PAC CONTRIBUTION		<div></div>	
Candidate Name CHARLES W DENT		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAC CONTRIBUTION
State: PA District: 15			
<b>C.</b> Full Name (Last, First, Middle Initial) Goddard for Congress		<b>Transaction ID:</b> 70711.E944 <b>Date of Disbursement</b> <div> <div>06</div> <div>21</div> <div>2007</div> </div>	
Mailing Address PO Box 9460			
City Warner Robins	State GA	Zip Code 31095-9460	Amount of Each Disbursement this Period <div>2500.00</div>
Purpose of Disbursement RICK GODDARD HOUSE GA08		<div></div>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		RICK GODDARD HOUSE GA08
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>12500.00</div>	
<b>TOTAL</b> This Period (last page this line number only) .....		<div></div>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Heller for Congress

Mailing Address PO Box 750580

City Las Vegas State NV Zip Code 89136-0580

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
DEAN HELLER

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 70620.E932

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Marilyn Musgrave for Congress

Mailing Address 257 Johnstown Center Dr # 211

City Johnstown State CO Zip Code 80534-7846

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
MARILYN N MUSGRAVE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 04

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 70620.E922

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Marilyn Musgrave for Congress

Mailing Address 257 Johnstown Center Dr # 211

City Johnstown State CO Zip Code 80534-7846

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
MARILYN N MUSGRAVE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 04

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 70620.E923

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Christopher Shays for Congress

Mailing Address 98 Avenue E Rear BUILDING

City Norwalk State CT Zip Code 06854-2630

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
CHRISTOPHER SHAYS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CT District: 04

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 70620.E927

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Christopher Shays for Congress

Mailing Address 98 Avenue E Rear BUILDING

City Norwalk State CT Zip Code 06854-2630

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
CHRISTOPHER SHAYS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CT District: 04

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70620.E926

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Walsh for Congress

Mailing Address PO Box 1974

City Syracuse State NY Zip Code 13201-1974

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
JAMES T WALSH

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 25

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 70620.E929

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

**A.** Walsh for Congress

Mailing Address PO Box 1974

City  
Syracuse

State  
NY

Zip Code  
13201-1974

Purpose of Disbursement  
PAC CONTRIBUTION

Candidate Name  
JAMES T WALSH

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 70620.E928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4446.20

PAC CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

4446.20

**TOTAL** This Period (last page this line number only) .....

98546.20

Image# 27990331663

Form/Schedule: **F3XN**

Transaction ID: **C00344648**

In some cases expenses made on the committee credit card that would normally be itemized as memos on line 21b under the expenditure to the credit card are actually itemized on line 23 because they were in-kind contributions to federal committees. The credit card charges are fully itemized , just on a different line in those instances.

\*\*\*\*\*